

PROCEEDINGS OF THE AD HOC
MENTAL HEALTH TREATMENT COMMITTEE

Pursuant to Section 19.84, Wis. Stats., notice is hereby given to the public that an Ad Hoc Committee of the County Board of Supervisors met regarding mental health treatment on Wednesday, January 17, 2018 in Conference Room A, Sophie Beaumont Building, 111 N. Jefferson Street, Green Bay, Wisconsin.

Present: Chair Guy Zima, Vice Chair Erik Hoyer, Judge Zuidmulder, Citizen Representative Pat La Violette, JOSHUA Representative Cheryl Weber, Jail Lieutenant Scott Brisbane, Health and Human Services Director Erik Pritzl, Hospital and Nursing Home Administrator Luke Schubert, Behavioral Health Manager Ian Agar, Assistant Corporation Counsel Rebecca Lindner, Green Bay Police Office Todd Le Pine, Green Bay Community Police Officer Paul Van Handel, District Attorney David Lasee, other interested parties

Excused: Sheriff John Gossage

I. Call meeting to order.

The meeting was called to order by Chair Zima at 12:02 pm.

II. Approve/modify agenda.

Motion made by Judge Zuidmulder, seconded by Vice Chair Hoyer to amend the Agenda to immediately address Item 2. Vote taken. **MOTION CARRIED UNANIMOUSLY**

III. Approve/Modify Minutes of November 15, 2017.

Motion made by Judge Zuidmulder, seconded by Vice Chair Hoyer to approve. Vote taken. **MOTION CARRIED UNANIMOUSLY**

Although shown in the proper format here, Item 2 was taken at this time.

1. Communication from Chair Zima and Judge Zuidmulder re: Have staff provide a breakdown and explanation of the expenditures made from the \$1.15 million dollars allocated for mental health services during the County budget process for 2016 and 2017.

This Item was not specifically discussed at this meeting.

2. Update re: Long range mental health needs in Brown County including what could be funded by County Executive Streckenbach's proposed half-percent sales tax.

Behavioral Health Manager Ian Agar informed he reviewed minutes from this committee and then came up with a list of long-term and short-term goals which are set forth in the attached handout. These goals are broken down into the following four categories: alcohol and other drug abuse; mental health; service access; and safe and stable housing.

The goal as pertains to alcohol and other drug abuse is to expand and improve substance use services to meet identified needs in the community. One of the identified needs was for medication assisted treatment as outlined in Item 1 of the handout. There are several steps that could be taken in this regard, namely providing access to patients to utilize Vivitrol, an injectable drug that can be used for clients who have an opiate addiction or an alcohol dependency issue. Agar explained the procedure as outlined in the handout and added that individuals who receive this type of prescription also need to be in counseling. For those people being served through the Human Services Department, a document identifying the date and time the medication was given will be scanned into the electronic health record system to close the loop and provide documentation that can then be shared with the counselor. Agar also indicated there have been some discussions with a community provider who feels they could provide Vivitrol services for 20 individuals. This provider would work with individuals who have already seen someone or has an interest in utilizing Vivitrol. Agar noted the market rate for one injection of Vivitrol is about \$1,100 and the injections are given monthly with a typical course of treatment of six months. Medicaid will pay for the drug but there is a maximum \$5 copay so he would hope that most of the clients would be on Medicaid.

Zima asked if Vivitrol is the universal remedy to solve all drug problems. Agar responded that it is utilized by people with opiate addictions or alcohol dependency. The drug blocks the receptors within the system so when someone uses an opiate or drinks alcohol they will not get a high, no matter how much is consumed, however, using a very large amount of opiates or alcohol while on Vivitrol can result in death. Doctors go to great lengths to emphasize with patients that no matter how hard they try, they will not get a high while on Vivitrol, no matter how much alcohol or opiates are consumed. This drug has been around for about 25 years in various forms and is a tried and tested and well respected medication.

Judge Zuidmulder added that people who are using Vivitrol are those that have been identified as having a problem and have indicated they want to do better. Vivitrol is used as one part of an overall program that also includes counseling and in-patient treatment. There are some people in the treatment courts who have used Vivitrol. Agar said there are situations where Vivitrol cannot be used, such as pregnant individuals or people with compromised major organs as a result of prior drug abuse. District Attorney Dave Lasee added there are people currently in the heroin court that are on Vivitrol. He noted they are currently participating in a pilot program with Prevea where Vivitrol is used as part of an overall course of treatment as a condition of bond. Prevea has worked with the Jackie Nitschke Center to get scholarships which has allowed some of the treatment court participants to go through a 28 day inpatient program at Jackie Nitschke on the front end. Some have also done the Prevea medically assisted treatment while being in the treatment courts and that model seems to work best because of the overall continuum of care including monitoring and counseling. This has been very helpful to some people.

Agar spoke next about peer support services as outlined at Item 2 of the handout. He said Human Services plans to incorporate peer support services into programming where there is an available funding stream. Agar described peer support as being paid support provided by someone who has gone through training and has obtained certification from the State and is able to support an individual because they have lived similar experiences and know the struggles. Current funding streams for peer support include federal and state dollars through the Comprehensive Community Service program so anyone with an alcohol or drug issue or a co-occurring disorder who meet the functional screen for that service would be able to receive fully funded peer support services. To be eligible for the service, someone would need to have a treatment need that is over and above what an outpatient clinic can provide and they also need to be able to learn and gain capacity or skills to overcome whatever the challenge is.

Another identified need is for case management capacity and pre-crisis services as set forth in Item 3 of the handout. Agar spoke to the information outlined. Pritzl talked about the Connections for Mental Wellness/ Trilogy model. He noted that Connections for Mental Wellness has received a large grant and their goal is to make sure that people with mental health issues or substance abuse issues can get connected to a provider through this resource network. Within the large umbrella, there are different work groups and each group has a piece of this. The mission is to be sure that anyone who has a question or concern can use this as a gateway. Trilogy has been used successfully in the Fox Valley and the model is now being replicated in Brown County. Agar added that the upside to using that platform is that agencies using Trilogy have drawn in millions of dollars for treatment needs in various capacities. Trilogy will provide information as to who the appropriate providers are, where there are vacancies and where someone can find the services they need. This is an information utility, unlike anything Brown County currently has. JOSHUA Representative Cheryl Weber said this has been very well received in the Fox Valley area. Currently they are working on getting all of the agencies entered into the Brown County Trilogy system so people can receive immediate help from the appropriate providers.

Judge Zuidmulder said the Trilogy system has been tested in multiple areas and jurisdictions and has a history of effectiveness and working in all different kinds of demographics. Weber added that this will be grant funded for the first several years, so there is no cost.

Zima said he has been envisioning a place where law enforcement can bring someone for support or where individuals can go on their own for support after they have tried everything else to prevent them from falling through the cracks. Some sort of a place of last resort for people who need it, even if it is just some type of holding facility where someone can stay until they can be evaluated. Green Bay Community Police Officer Paul Van Handel said what is needed is a somewhere for people in crisis to go when they do not have any other safe and stable place. Zima wants to work towards having somewhere to take people when all else fails. Pritzl said there is quite a difference between the system needing somewhere for people to go or a person needing a place to go as a resource. It has to be decided if a person needs to be in that environment so we can control them or control the

outcome, or if that person needs to be in that environment because that is the environment that will meet their needs. He noted there is a capacity issue in that there is a gap in how we work with substance abuse. On the other side, if someone is truly stuck, there is still the Crisis Center.

Item 4 of the handout, medically monitored detoxification service provision, was discussed next. Agar said this would be the alternative model that we talked about at previous meetings, similar to the Dane County model. This is somewhere law enforcement could bring someone who needs detox services where medical clearance can take place if necessary. The person is in a secure part of the facility for detox and then progresses to an unsecured portion of the facility for further treatment and linkage to the level of services needed. This model is more accessible to people who need services and is also more cost-effective.

The next item Agar discussed was with regard to mental health and he indicated the goal is to expand mental health services and streamline the emergency detention process. This is outlined more fully in the handout and the first strategy he discussed relates to peer support services, similar to what was discussed earlier with regard to alcohol and drug issues. The other strategy would be the one stop shop model at the CTC which has been discussed numerous times in the past. Funding for this is contingent on the sales tax funds and it is estimated the project would cost in the area of \$1.5 million dollars for construction. Zima said whether this can be funded by the sales tax or not, the County Board has the ability to approve funding so there is no reason not to go forward with the planning. Pritzl said it is not simply a matter of building the facility; there are also operational considerations that need to be taken into account. The Public Safety Committee has shown some interest in seeing some of the existing models and learning what can be offered to the community. Pritzl said Milwaukee has a model similar to what we are looking at and a visit can be scheduled for those interested in seeing the operation. Both Pritzl and Hospital Administrator Luke Schubert have already seen the Milwaukee facility and feel it is a plausible model for Brown County if it is scalable to our population size. Hoyer agreed with Zima in that we should keep the one stop shop model in the current timeline, regardless of the sales tax issues. Currently the planning phase is to take place in 2018 and the architectural and construction is scheduled for 2019.

The next goal area of the report is service access and the goal is to improve county residents' access to services, including access to services for county residents who are exiting the jail. Agar went through the committee-identified strategies in the handout. Zima asked how long the process of changing the Class and Comp regulations may be to allow the APNP position to be reclassified to make it easier to fill. Pritzl said they are currently working on this but stated the recruiting for the position may be lengthy. Zima would like this brought to the Administration Committee as soon as possible and Hoyer indicated he would do what he can to keep this moving through the Human Services Committee. Zima would like to hear an update on this process at the next meeting.

The final category of the report is with regard to safe and stable housing. Agar outlined the strategies in the handout. Judge Zuidmulder said he has described the model he would like to see to this committee a number of times. He has met with Corporation Counsel and Pritzl on this and it seems that everyone is on the same page that the model he has described would be easily implementable and without any substantial legal obstacles as long as it is done in conjunction with the treatment courts. Judge Zuidmulder continued that he has met with the landlord association and received a very positive response because he explained to the landlords that this is a community problem and this would provide an opportunity for them to participate positively as good citizens. He said about 12 – 14 landlords indicated they would have housing units available.

Judge Zuidmulder was excused at 1:00 pm.

With regard to transitional housing, Zima recalled one of the ideas that has been discussed in the past was to build something out by the CTC. Pritzl said there was a summit held with the Housing and Homeless Coalition where a lot of options were discussed. There is movement in the community to address a lot of these issues. For example, NEWCAP now has 45 permanent supportive housing units for people they serve and Youth Services is going to start serving youth by building capacity through relationships with landlords to pay for units. Pritzl said the question seems to be how to collectively work on these issues because one organization cannot do it all. He feels our dollars could be brought in over time in a way to help maximize resources. There are also other models of supportive housing such as Thurgood Marshall in Milwaukee that he has talked about in the past. That facility contains 24 single bedroom supportive housing units with service providers in the building for things like group sessions and health screenings. Thurgood Marshall was built through a partnership of County dollars, HUD dollars and some other private money.

Hoyer said the initiatives described as starting in 2018 are included in the budget and noted it is almost time to start thinking about the 2019 budget and asked how we are going to keep our eye on the costs of the various items. Agar responded that updates will be provided on a monthly basis. In terms of how much some of the programs cost, especially the construction elements, he will work with Pritzl in terms of how they work through various committees or channels and keep this group advised. Pritzl added that Public Works/Facilities Management has also brought forward the concept of having a project manager assigned. Projects will be taken in sequence with capacity and then the County Board will allocate dollars for the project manager with the sales tax money being the funding source for the projects. Zima reiterated he wants plans to continue to move forward regardless of what happens with the sales tax. He wants to put our mission forward and how it is funded will be up to the County Board.

Zima asked about the grant writer Agar referenced and asked if we need to ask for a position because if we are going to ask for a position, it should be done proactively now. Agar said there could be many dollars out there that could be secured through a grant writer, but he does not know the extent. The County does not currently have a grant writer and he feels the County could benefit from one, but he does not know what is out there as far as funding that could be secured. Hoyer said he will add something on the next Human Services agenda regarding this.

Jail Lieutenant Scott Brisbane was excused at 1:08 pm.

Assistant Corporation Counsel Rebecca Lindner was excused at 1:09 pm.

Weber referenced the housing navigator position that was discussed at earlier meetings. Pritzl informed this item will be on the agendas for both the Human Services Committee and Administration Committee. The position has been discussed and Pritzl has received a job description from Dane County who has a similar position.

Zima said he would also like to have a report at the next meeting regarding what recidivism they have with people that have worked with the jail liaison prior to their release from jail. Pritzl said at one point out of 199 people the jail liaison had been in contact with, only about four ended up back in jail.

Green Bay Police Officer Todd Le Pine said from a law enforcement perspective they talk about two separate things: people in crisis and those who are incapacitated and then the people who are not incapacitated and not a danger to themselves or others but are willing to get help. He is very encouraged by today's report, especially the part about streamlining the EM1 process and getting people involuntarily to help and he is willing to work with anyone on that. He is encouraged and said so far in January they have not run into any capacity issues. He continues to review the reports and processes and noted there are some things he still feels can be tweaked, but overall he is encouraged and added that law enforcement really wants to be a helpful partner in this.

Zima thanked Agar for the report and said he appreciated it and he wants to continue moving forward.

3. Formally identify Committee members.

This Item was not addressed at this meeting.

4. Discussion, review and possible action: Request that Brown County review its past and present mental health services and develop a more comprehensive plan to treat both short and long term mental health patients including but not limited to 1) alcohol and drug abuse detox and treatment; and 2) children, adolescent and adult mental health treatment.

Discussion regarding this Item was intertwined with the discussion of Item 2 above.

5. Discussion, review and possible action: Request that the Human Services Director and Brown County Sheriff work together to develop a plan to provide a treatment plan for prisoners who presently make up a third of our jail population.

This Item was not specifically discussed at this meeting.

6. Discussion re: Recertifying County operations to return to previous services providing long-term care.

This Item was not specifically discussed at this meeting.

7. Update re: Outreach efforts.

This Item was not specifically discussed at this meeting.

8. Such other matters as authorized by law. None.

9. Adjourn.

Motion made by Erik Hoyer, seconded by Dave Lasee to adjourn at 1:16 pm. Vote taken. **MOTION CARRIED UNANIMOUSLY**

Respectfully submitted,

Therese Giannunzio
Administrative Specialist

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Erik Pritzl, Executive Director

Phone (920) 448-6000 Fax (920) 448-6166

To: ad hoc Mental Health Treatment Committee

From: Ian Agar, Behavioral Health Manager
Erik Pritzl, Executive Director

Date: January 17, 2018

Re: Short- and Long-Term Goal Summary

A review of the Committee's activities and discussion since its inception was completed by Ian Agar, Behavioral Health Manager, to identify short- and long-term goals for the committee. After reviewing minutes from all prior meetings, there were four general categories identified. These categories are labelled as Alcohol and Other Drug Abuse (AODA), Mental Health, Service Access, and Safe and Stable Housing.

Alcohol and Other Drug Abuse (AODA)

Goal: Expand and improve substance use services to meet identified needs in the community.

Committee-identified strategies include:

1. Medication Assisted Treatment: Brown County Health and Human Services Department (HHSD) will identify resources available to meet the Medication Assisted Treatment (MAT) needs of clients in treatment.
 - a) Brown County HHSD Outpatient Clinic will utilize existing psychiatric providers at the clinic to access Vivitrol use, by issuance of a prescription, when medically appropriate to do so. This will be available to existing patients enrolled in the clinic by 2-1-2018.
 - b) Brown County HHSD will utilize existing external providers for Vivitrol service provision as a first option, as this saves use of clinic nurse time, and places pharmacy communication and interface on other systems that include seeking prior authorizations for medication dispensing/mailling, and then provision of the shot at the pharmacy. This will be established on or before 12-31-2018. Streu's Pharmacy has the capacity to provide this service for clients on Medicaid; the client has to pay the co-pay for the medication. (Where the need is medically indicated, a prescription must be secured first.)
 - c) Brown County HHSD will seek to establish a contract with a community provider to serve AODA clients seeking Vivitrol to address their opiate or alcohol addiction use prevention needs. This contract will be established by 12-31-2018.

- d) Brown County HHSD will explore the Medication Assisted Treatment options available in the community and develop a resource list where those medications can be accessed. This listing will be developed on/before 12-31-2018.
- e) Brown County HHSD will identify the process, system needs, and costs associated with other MAT service provision available in the community.
- 2. Peer Support Services: Brown County HHSD will incorporate peer support services into programming wherever there is an available funding stream to provide the service to fulfill a client need.
 - a) Brown County HHSD will secure peer support specialists for the Comprehensive Community Services (CCS) program by 6-30-2018.
 - b) Contracts for peer support specialists will be entered into by 12-31-2018, to meet the needs of clients in a program that is funded for this purpose and also has an identified client need for the service. Additional peer support service provision would require an appropriation of funds to meet additional client needs.
- 3. Case Management Capacity and Pre-Crisis Services: Brown County HHSD will utilize available resources internally, and in the community, to meet the pre-crisis needs of clients. This will be achieved by:
 - a) Sharing external resources and contact information available to support clients, including NAMI Brown County and the Gathering Place.
 - b) Encouraging consumers to ask for help from family/natural supports and to attend self- help groups such as AA, Al-Anon. These resources can be shared electronically via the Brown County website, Trilogy (beginning May 2018), and through literature provided by agencies for this purpose.
 - c) Information sharing through the following mediums: County website, electronic information boards in County buildings, advertising (to the degree funding will permit – e.g., buses, billboards, and County website redesign).
- 4. Medically Monitored Detoxification Service Provision: Brown County HHSD will apply any available funds identified to provide medically monitored detoxification services to County residents in need of detoxification services for alcohol and other substances. This initiative will require the following steps:
 - a) Developing an RFP for service provision, unless there is a sole-source provider of service identified. The RFP could be developed by 4-1-2018.
 - b) A provider could be identified and secured by 7-1-2018, funding permitting.

Mental Health

Goal: Expand mental health services and streamline the emergency detention process.

Committee-identified strategies include:

- 1. Peer Support Services: Brown County HHSD will incorporate peer support services into programming wherever there is an available funding stream to provide the service to fulfill a client need.
 - a) Brown County HHSD will secure peer support specialists for the Comprehensive Community Services (CCS) program by 6-30-2018.

- b) Contracts for peer support specialists will be entered into by 12-31-2018, to meet the needs of clients in a program that is funded for this purpose and also has an identified client need for the service. Additional peer support service provision would require an appropriation of funds to meet additional client needs.
2. Brown County HHSD will explore the securing of a Crisis "One-Stop-Shop" facility at the Community Treatment Center (CTC), with an estimated \$1.5 million cost of construction. Funding for this facility is contingent on the sales tax funds received by Brown County. The planning and construction is expected to take place through 2019. The following steps are part of this objective:
 - a) The availability of funds verified by Brown County Administration.
 - b) Other facilities will be visited by 7-1-2018 to ascertain the best operational processes and structure to meet client crisis needs at the Brown County CTC location.
 - c) Staffing of the Crisis Facility will be determined.
 - d) Plans for the facility will be developed with Public Works/Facility Management.

Service Access

Goal: Improve access to services by County residents and Brown County residents exiting the Brown County Jail.

Committee-identified strategies include:

1. Linkage of clients with Economic Support services that enable eligible individuals to access Medicaid services. (Current and ongoing)
2. Brown County HHSD will seek the assistance of a recruitment agency to secure a full-time Advanced Practice Nurse Practitioner (APNP) by September 1, 2018.
3. Brown County HHSD will seek the reclassification of APNP personnel into the same class as psychiatrists, thus allowing for adequate hiring latitude to meet vacation and wage demands that approximate other agencies. This would require a change to Class and Compensation regulation in Chapter 4 County Ordinances.
4. Brown County HHSD will identify services available to clients with Traumatic Brain Injury needs and a funding source to meet these needs.
5. Brown County HHSD will identify community education and information sharing needs to get program messages out about the availability of services in mental health, alcohol and other drug service areas.
6. General information about detoxification service availability in Brown County will be made available via the following mediums: County website, 2-1-1, Trilogy, bus routes and billboards starting September 2018.
7. General information about the availability of AODA treatment and the contact information needed to access it.
8. Improved communication between inpatient service and outpatient providers for continuity of care post-crisis/post-hospitalization. This likely requires a treatment navigator type position to assure continuity of care and follow up by the patient post-hospitalization.
9. Brown County HHSD securing a 2nd jail re-entry (liaison) position to assist clients that have exited jail to get connected with needed services and avoid cycling back into jail due to lack of

community supports that might otherwise be unavailable. This needs to align with future staffing needs in a criminal justice initiative under consideration.

10. Implementation of placing open slots in therapist schedules to facilitate faster access to counseling and psychiatry.
11. Flow chart to direct residents on how to access care through walk-in/call-in services.
12. Expanded medication management group for specific population.
13. Review of existing CTC outpatient clients in psychiatry and determine if they could be served in primary care.
14. Targeted outreach to drug users utilizing billboards, PSAs, 2-1-1 and Trilogy.
15. Assess construction of a long-term care mental health facility at the CTC, to reduce/eliminate use of Trempeleau County facility.
16. Establishing a "hotline" for Brown County residents seeking outpatient services and appointment(s).
17. Access to a grant writer to secure other funding available to the County that is currently not accessed.
18. Crisis Coordinator hired by end of 1st quarter 2018.
19. Statistical information on success/status of the four ad-hoc initiatives.
20. Measures of recidivism data for individuals seen versus not seen by the jail liaison worker.

Safe and Stable Housing

1. Housing/Mental Health Summit — \$5000 allocated to convene in 2018.
2. Treatment Court Housing Allocation for 2018 is budgeted at \$65,000; tentative implementation by March 31, 2018.
3. Transitional Housing has been identified as a need, but no funding has been allocated for this service.